

RE-ENLISTMENT INTERVIEW WORKSHEET

NAME:

LAST

FIRST

M.I.

RATE:

NEC:

SSN:

COMMAND UIC:

PRESENT LIVING ADDRESS:

DESIRED RE-ENLISTMENT DATE:

TIME:

NUMBER OF YEARS:

RE-ENLISTMENT LOCATION:

RE-ENLISTING OFFICER:

TITLE

RANK:

SERVICE:

CORPS:

RE-ENLISTMENT INCENTIVE:

SRS ELIGIBLE:

YES

NO

ZONE:

LEVEL:

SPOUSE'S NAME:

LAST

FIRST

ENROLLED IN DDS: YES

NO

SELLING LEAVE:

YES

NO

NUMBER OF DAYS

MEMBER'S SIGNATURE: